

Agar-Agar Powder, Merck.—A non-proprietary preparation of agar-agar admitted to New and Nonofficial Remedies. Merck & Co., New York.

Agar-Agar Shreds, Merck.—A non-proprietary preparation of agar-agar admitted to New and Nonofficial Remedies. Merck & Co., New York.

Berberine Hydrochloride, Merck.—A non-proprietary preparation of Berberine hydrochloride admitted to New and Nonofficial Remedies. Merck & Co., New York.

Fluorescein, Merck.—A non-proprietary preparation of fluorescein admitted to New and Nonofficial Remedies. Merck & Co., New York.

Mercury Cyanide, Merck.—A non-proprietary preparation of mercury cyanide admitted to New and Non-official Remedies. Merck & Co., New York.

Mercury and Potassium Iodide, Merck.—A non-proprietary preparation of potassium mercuric-iodide admitted to New and Nonofficial Remedies. Merck & Co., New York.

Swan's Typhoid Bacterin (No. 44) (Prophylactic).—Marketed in packages of three 1 Cc. vials and also in packages of six 1 Cc. vials. Swan-Myers Company, Indianapolis, Ind. (Jour. A. M. A., Nov. 27, 1915, p. 1915).

ITEMS OF INTEREST.

Anesthesia.—Anesthesin is paramino-ethyl-benzoate. New and Nonofficial Remedies states that it is one of the products which owe their existence to the discovery that the local anesthetic action of cocaine is due to the radical of benzoate acid in combination with a nitrogen-containing basic group. Treasury Decision 2184 contemplates the registration of anesthesin under the Harrison narcotic law (Jour. A. M. A., Nov. 20, 1915, p. 1837).

Laxative Bromo Quinine.—From the analysis of the A. M. A. Chemical Laboratory it appears that each tablet of Laxative Bromo Quinine contains, as essential ingredients, phenacetin about 2 grs., caffeine 1/5 gr., quinine or cinchona alkaloid 2/5 gr. and aloin or aloes. While the name gives the impression that bromine and quinine are the important ingredients, the bromide content corresponds only to 1/500 part of a pharmacopoeial dose of potassium bromide. In order to get a pharmacopoeial dose of quinine, it would be necessary to take ten Laxative Bromo Quinine Tablets. If this were done the person would get twenty grains phenacetin, a dangerously poisonous dose. As phenacetin is the essential ingredient of Laxative Bromo Quinine it is evident that this widely exploited nostrum is misbranded (Jour. A. M. A., Nov. 27, 1915, p. 1932).

Intesti-Fermin.—"May we count on your assistance" ingenuously inquires the Berlin Laboratory, Ltd., in an advertisement appearing in a medical journal, and with cool effrontery continues, "We are telling the layman about Intesti-Fermin . . . May we count on your assistance in spreading this message to everyone . . . ?" May they? (Jour. A. M. A., Nov. 13, 1915, p. 1736).

Swan's Rheumatic Bacterin (Mixed), No. 47.—According to the manufacturer, The Swan-Myers Company, Indianapolis, Ind., this preparation contains pneumococci, Friedlaender's bacilli and streptococci (polyvalent). The Council on Pharmacy and Chemistry refused to admit this vaccine to New and Nonofficial Remedies because there is no satisfactory evidence that either the pneumococcus or Friedlaender bacillus is concerned in the etiology of acute or chronic rheumatism or rheumatoid arthritis and no conclusive evidence that the streptococcus is an etiologic factor (Jour. A. M. A., Nov. 6, 1915, p. 1662).

The Autolysin Treatment.—There were strong evidences from the beginning of a commercial spirit in the exploitation of this treatment. Letters sent to physicians further illustrate the method of promoting this unproved and possibly dangerous treatment. Dr. Richard Weil, who had the opportunity of personally witnessing the application of this compound in a long series of cases at the General Memorial Hospital, expresses the belief that autolysin is useless, that it adds nothing of value to the methods now generally accepted, and that it often aggravates the sufferings and accelerates the death of the patient (Jour. A. M. A., Nov. 6, 1915, pp. 1641, 1647 and 1662).

Freckle and Beauty Lotions.—The worthlessness and, in many instances, the dangerous character of nostrums sold as freckle removers and beautifying preparations are indicated by the following analyses, taken from the reports of various state chemists: Hill's Freckle Lotion was found to be 1.84 per cent. solution of corrosive mercuric chloride. Kingsbery's Freckle Lotion was found to be a solution of corrosive mercuric chloride containing 5.3 parts in 1000. Kulux Compound, a "prescription fake" freckle and tan remover, was found to contain zinc oxide, bismuth subcarbonate, glycerine and water. Mrs. McCarrison's Famous Diamond Lotion No. 1, said to remove moths, freckles, pimples, etc., was found to be essentially a solution of 28.2 parts of corrosive mercuric chloride in 1000 of water. Neroxin, a "prescription fake" said to remove blackheads, was found to contain boric 55 per cent., and "soda" 25 per cent. Othine, sold as a freckle remover, is reported to contain bismuth subnitrate and ammoniated mercury with a fatty base. Perry's Moth and Freckle Lotion Compound was found to be a 16 in 1000 solution of corrosive mercuric chloride containing in addition a small amount of a lead salt. Pyroxin, sold on the "prescription fake" plan as an eyebrow and eyelash grower, was found to be perfumed vaseline. Rose-Kayloin, advertised in fake health departments of some newspapers, was found to contain 80 per cent. sulphate and 15 per cent. potassium carbonate. Mme. Rupert's Face Bleach is reported to be a 4 in 1000 alcoholic solution of corrosive mercuric chloride, containing a small amount of benzoin. Stillman's Freckle Cream was found to be an ammoniated mercury paste. Tan-A-Zin, a complexion beautifier, was found to have for its essential ingredient ammoniated mercury. Sarah Thompson's "Wrinkle Lotion" was found to contain alum 7 per cent., glycerine 29 per cent., and water 64 per cent. Zintone, said to produce a faultless complexion quickly, is reported to contain borax 23 per cent., stearic acid and soap 77 per cent. Though the external use of mercury salts is fraught with danger, the nostrums above shown to contain such poisonous ingredients are sold with the claim that they are practically harmless (Jour. A. M. A., Nov. 20, 1915, p. 1835, and Nov. 27, 1915, p. 1933).

RED CROSS STAMPS.

All California this year seems to have come to the front and enlisted its efforts to help fight tuberculosis. Now that the sale of Red Cross Stamps has begun and some hundreds of workers all over the state have volunteered their services at the busiest season of the year, it means that more nurses, more dispensaries, more beds in the tuberculosis wards of the county hospitals will be provided for those made poor by the ravages of the white plague.

The Red Cross Seals in the past year have raised nearly \$2,000,000 for tuberculosis work, besides assisting in the creation of public sentiment for preventive measures. The first seals or stamps

sold in this country were sold during the Civil War for the benefit of relief funds for the sick soldiers. Today the pendulum has indeed swung in the other direction, and the seals are now used for soldiers on another fighting line. All the money raised will be spent in California, after the expenses for printing and advertising are paid to the Red Cross.

TRACHOMA.

I am enclosing a notice which we are this day mailing to the chiefs of the various eye clinics in San Francisco.

Unquestionably there are many physicians practicing in San Francisco who are not aware of the fact that trachoma is one of the reportable diseases. Its importance to the community at large is so great that I can not help but ask your assistance in publishing through the "State Journal" the substance of the enclosed notice and asking the co-operation of all physicians in general practice or engaged in the specialty to report all suspicious as well as verified cases of trachoma to the Board of Health of their respective locality.

California, in spite of its large foreign population, has been comparatively free, so far as children of a school age are concerned, but any negligence on the part of the authorities or physicians will result in a spread of this affliction to at this time will be a procedure of great difficulty within a few years' time.

Thanking you for your co-operation, I am,

Respectfully,
WILLIAM C. HASSLER.
Health Officer.

JAPANESE CAREFUL TO REGISTER ALL BIRTHS.

The registration of births seems to be of more interest to Japanese in California than to the white population, for during the year 1914, in proportion to population, three Japanese births were registered with the California State Board of Health to every white birth. Japanese associations scattered throughout California pay close attention to birth registration, in order that all Japanese children born in California may establish their legal status as American citizens.

It is probable that not more than ninety per cent of white births are registered with the California State Board of Health in accordance with the law. While it is true that many births attended by midwives are not reported, it is probable that the ten per cent of births which are unrecorded are due in a large measure to carelessness and neglect upon the part of physicians. Foreign born parents are generally particular to have the births of their children registered.

The distribution of many fortunes and many a question of property rights have rested solely upon the existence of a birth certificate, yet American citizens are exceedingly careless in attending to this important matter. The registration of a child's birth is its first birthright.

Under the new registration law, a birth certificate must be filed within thirty-six hours after the date of birth. The health officer in cities having a freeholders charter is local registrar, with whom such birth certificates should be filed. The city clerk is the proper official for registration in other cities and incorporated towns, and the county recorder is the registrar for the remainder of each county.

During the year 1914 there were 35,513 children born of white parents in California and 2,874 Japanese children were born in the state during the same year, according to the records of the California State Board of Health.

BOARD OF MEDICAL EXAMINERS.

Los Angeles, Cal., Nov. 16, 1915.

Editor of the California State Journal of Medicine,
San Francisco, Cal.

Dear Sir:

In the September number of the Journal, there appeared several fairly long editorials concerning the Board of Medical Examiners of the State of California and relating to the Osteopaths. The spirit of these articles not only tended to reflect on the integrity and loyalty of the Board in supporting the best interests of the medical profession in California, but also tended to create an impression that the members of the board were false to their obligations in their administration of medical regulation in the state.

It is to be regretted that the author of these editorials did not avail himself of the opportunity of learning the facts involved, which he could easily have done by a visit to the office of the secretary of the board, situated in the same building as his own, and making a careful study of the matter at issue.

A historical review of the essentials of the several medical laws of California will help to a better understanding of the subject under discussion. Permit me to relate that prior to August 1, 1901, any person holding a diploma from a reputable medical college could obtain a license in California by the registration of the diploma. After the above date until 1907, in order to obtain a physician and surgeon's license, one must have had a degree of M. D., a diploma from a medical college meeting the requirements of the Association of American Medical Colleges for that year, and also pass a written examination before the Board of Medical Examiners. During this period, to obtain an Osteopathic license, the applicant must have been a graduate of an Osteopathic college and must have met the requirements of the Osteopathic Board of Examiners, a separate board. This law (of 1901) specifically prohibited the holder of an Osteopathic certificate from using drugs or practicing major surgery.

The legislature of 1907 repealed all of the existing Medical Practice Acts, and passed a law creating a single composite Board of Medical Examiners for all classes of applicants, and so from 1907 to 1913, all applicants took the same examination in the basic subjects of anatomy, histology, pathology, chemistry, physiology, hygiene, obstetrics, gynecology, bacteriology, and diagnosis. You will note that none were examined in treatment, either medical or surgical, nor in materia medica or therapeutics. There was this difference, however, in the kinds of certificates issued. Applicants having an M. D. degree, and meeting with the requirements of the Association of American Medical Colleges, were granted an unlimited certificate, while the applicants who were graduates of the Osteopathic colleges were granted an Osteopathic certificate.

The legislature of 1913 repealed the foregoing law, and passed the "Avey Bill," which provided, as before, for a single conjoint board, and for the issuing of three classes of certificates, namely: 1, Reciprocity; 2, Physician and Surgeon's, and 3, Drugless Practitioner's certificate. It also provided that certain standards must be met by colleges as to pre-medical requirements, hours of teaching, etc., and that the colleges must be approved by the California State Board, either as a physician and surgeon's college, or as a drugless college.

In June, 1914, the board adopted the "Dr. Alderson Report," which was the majority report of the board's college committee. This report of Dr. Alderson's was a strong and valuable one, and was responsible more than any other measure for